Approved for use through 7/31/2005; CMB 06510001 S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a potention of information unless if displays a year CMB pontrol number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Effective December 8, 2004 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR HUMBER FILED NUMBER EXTRA RATE (1) FEE (1) RATE (\$ BASIC FEE DI CFA 1.16(1), IN, a (c) · N/A 150.00 NA N/A NA 300.00 BEARCHFEE NVA NA. NA \$250 N/A \$500 (37 CFR 1 16(H, (1, or (m)) EXAMINATION FEE .1. NÀ N/A NVA \$100 NIA \$200 (3) CFR. 1.16(4), (c), or (d) TOTAL CLAUS X\$ 25. X\$50 (37 CFR 1.16(8) minus 20 ≈ OR INDEPENDENT CLAIMS X100 X200 minus 3. ∈ (37 OFF 1.16(N) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(4)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) +180= +360* MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) TOTAL "Kithe difference in column 1 is less than zero, onler "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Cotumn 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS PRESENT. REMAINING NUMBER RATE (1) -IODA RATE (\$) ADOL TIONAL FEE (\$) AFTER PREVIOUSLY **EXTRA** TIONAL 벌 PAID FOR MENDMENT FEE (1) Total Minus X\$ 25 X\$50 OR Minus Independent X100 X200 OR Application Size Fee (37 CFR 1.16(s)) +180= +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.160) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT RATE (\$) HONAL REMAINING RATE (1) NUMBER ADOI-TÌONAL **AFTER** PREVIOUSLY EXTRA FEE (1) AMENDMENT. PAID FOR FEE (T) Total (37 CFR 1.16(1) Minus X\$ 25 X\$50 OR Independent O7 CFR 1.160.p Minus X100 X200 OR Application Stre Fee (37 CFR 1.16(s)) +360 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= OR TOTAL TOTA OR ADD'L FEE ADDY FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"The "Highest Number Previously Paid For" (Total or independent) is the highest number (ound in the appropriate box in column 1.

This colection of information is required by 97 CFR 1.16. The information is required to obtain in retailing a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief (information Criber, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR OON/PLETED FORMS TO THIS ADDRESS SEND TO: Conveniet/Long of the Patients P.O. Box 1450, Alexandria, VA 22313-1450.